

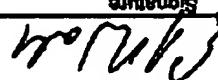
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PAGE 422 - RECEIVED AT 31/5/2005 11:10:31 AM [Estates Standard Time] - SVR1US-10-E-XR-113 - DMS-8/29306 - CSID:732 350 9808 - DURATION (min:sec) 00:00:26

7. **Сколько раз в год можно менять постельное белье и сколько раз в год подготавливать к постели?**

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Document Number (Optional)	FY 2005	Applicant Number 08/191,520	Filed Number 13,1008	For Digital Broadcast Program Coding	Att Unit 2811	Examiner Andrew Y. Koontz	The required declaration and fees are as follows (check the period desired and enter the appropriate box below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$80	\$225	\$460	Two months (37 CFR 1.17(a)(2))	\$1020	\$610	\$1590	Three months (37 CFR 1.17(a)(3))	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$120	\$80	\$225	\$460	Four months (37 CFR 1.17(a)(4))	\$1020	\$610	\$1590	Five months (37 CFR 1.17(a)(5))	
<input type="checkbox"/> Application claims small entity status. See 37 CFR 127.											
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.											
<input type="checkbox"/> A check in the amount of the fee is enclosed.											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.											
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0782. I have enclose a duplicate copy of this sheet.											
<input type="checkbox"/> Waiver: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and substantiation on PTO-2038.											
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71											
<input type="checkbox"/> Statement of Agent of record. Registration Number 39-314.											
<input type="checkbox"/> Attorney or Agent under 37 CFR 1.34.											
<input type="checkbox"/> Attorney or Agent of record. Registration Number 39-314.											
<input type="checkbox"/> Statement of Agent of record. Registration Number 39-314.											
<input type="checkbox"/> Statement of Agent of record. Registration Number 39-314.											
<input type="checkbox"/> Signature Date		<div style="text-align: right; margin-right: 100px;">  Examiner J. Wei 8/14/05 </div>									
<input type="checkbox"/> Total of forms are submitted.											